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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER **The Groton Independent**		2. DATE **10-11-06**
3. FREQUENCY OF ISSUE **Weekly**	3A. NO. OF ISSUES PUBLISHED ANNUALLY **52**	3B. ANNUAL SUBSCRIPTION PRICE $ **31.80 in Brown, Day, Marshall and Spink Counties, $37.10 elsewhere**
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) **PO Box 588, Groton, SD 57445-0588**		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) **PO Box 588, Groton, SD 57445-0588**		
6. FULL NAME OF PUBLISHER: **Paul Irvin Kosel**		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME	COMPLETE MAILING ADDRESS	
Next Generation Publications, Inc.	**PO Box 588, Groton, SD 57445-0588**	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. **None**		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	**600**	**600**
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	**39**	**48**
2. Mail Subscription (Paid and or requested)	**389**	**377**
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	**590**	**569**
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	**3**	**3**
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	**593**	**572**
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	**7**	**28**
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	**600**	**600**

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Paul I Kosel
(Signature)

Publisher
(Title)

State of South Dakota)
§
County of **Brown**)

Sworn to before me this 11th day of October, 20 06

Thomas N Crank
Notary Public

(Seal)

My commission expires: _____

Thomas N. Crank, Notary Public
My Commission Expires [illegible]

Form: SOS REC 051 7/2004